

Case Number:	CM13-0019875		
Date Assigned:	10/11/2013	Date of Injury:	03/01/2010
Decision Date:	01/02/2014	UR Denial Date:	08/26/2013
Priority:	Standard	Application Received:	09/03/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The physician reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The underlying date of injury in this case is 03/01/2010. The accepted primary diagnosis is neck sprain. This is a 63-year-old woman who has been treated for right shoulder pain with the diagnosis of adhesive capsulitis. The patient is status post a right rotator cuff repair on 12/15/2011, and the patient has reported subsequent pain and loss of mobility despite physical therapy. A treating physician report of 06/18/2013 notes that a prior MRI of 06/08/2011 showed moderate to severe supraspinatus tendinitis with subacute interstitial partial tear. That note indicated that treatment had been anticipated for an extended period of time and that on 06/11/2013 an MRI of the right shoulder demonstrated degenerative changes in the acromioclavicular joint. That MRI noted indications of shoulder pain with adhesive capsulitis and a partial rotator cuff tear. The physician note which requested that MRI of 06/11/2013, which appears to be the subject of this review, was dated 05/17/2013, and at that time the patient had mild swelling of the right shoulder with well-healed surgical scars. The patient had mild tenderness to palpation diffusely in the shoulder, particularly in the posterior rotator cuff. Motion was 130 degrees flexion, abduction 90 degrees, internal rotation 50 degrees, and external rotation 70 degrees. The patient had 5- rotator cuff strength on the right. The patient was referred for a repeat shoulder MRI to rule out adhesive capsulitis or other pathology.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Repeat magnetic resonance imaging (MRI) of the right shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrical nerve stimulation (TENS). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder (Acute & Chronic).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

Decision rationale: ACOEM guidelines, chapter 9/shoulder, page 209, discusses, "ability of various techniques to identify and define shoulder pathology." MRI imaging is recommended for specific conditions, including a rotator cuff tear in particular, or tumor or infection. These guidelines do not recommend MRI to diagnose adhesive capsulitis. Most notably, the stated differential diagnosis that prompted the MRI request is nonspecific. The ACOEM guidelines, chapter 9/shoulder, page 209, recommends, "Relying only on imaging studies to evaluate the source of shoulder symptoms carries a significant risk of diagnostic confusion." Such a risk of diagnostic confusion appears apparent at this time given the severely limited information regarding a specific proposed differential diagnosis for the MRI retrospectively in question. Overall, the medical records and the guidelines do not support this request. This request for the one repeat magnetic resonance imaging (MRI) of the right shoulder is not medically necessary and appropriate is not medically necessary.